ILABLE COP
ليا
ILABI
ILAE
¥ =
_
_
S
>
$\triangleleft$
. 1
<b>—</b>
S
ŭí
뽔
Ш

									Application or Docket Number			
	PATEN1	T APPLICATI Effe	ORE	10714556								
CLAIMS AS FILED - PART I (Column 1) (Column 2)									ENTITY	OF		R THAN . ENTITY
7	OTAL CLAIM	S						RATE	·FEE	7	RATE	FEE
FOR			NUMBER FILED		NUM	BER EXTRA	1	BASIC F	EE 385.0	0 OF	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			17 minus 20=		*			X\$ 9=		$\neg$	7/0/10	
INDEPENDENT CLAIMS			*		*				<del></del>	OF	` <u> </u>	ļ
<u> </u>		NDENT CLAIM P	minus 3 =					X43=		OR	X86=	
L		- INDENT ODAINT	TILOLINI	IESEIVI				+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	1	OR	TOTAL	.770
CLAIMS AS AMENDED - PART II									<del></del>	<del></del>	OTHER	THAN
-	<del>,</del>	(Column 1)	·	(Colum		(Column 3)	· 1	SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE:
NO.	Total	*	Minus	**		= "		X\$ 9=		OR	X\$18=	
MEN	Independent	*	Minus	***		=	-	X43=	1	OR	X86=	
٨	FIRST PRESE	ENTATION OF MU	JLTIPLE DE	PENDENT (	CLAIM		-		ļ. ———	- OH		
							Ŀ	+145=	·	OR	+290=	
							ΑŒ	TOTAL DDIT. FEE		OR,	TOTAL ADDIT. FEE	
		(Column 1)		(Columi		(Column 3)	<u> </u>		·	7 r	· · · · · · · · · · · · · · · · · · ·	
MENT B		REMAINING  AFTER  AMENDMENT		NUMBE PREVIOU PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI TIONAL FEE	1-	RATE	ADDI- TIONAL FEE
2	Total	*,	Minus	**		=		X\$ 9=	İ	OR	X\$18=	. ]
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	LTIPLE DEF	PENDENT C	CLAIM		$\vdash$			1 t		
		•					L	+145=		OR	+290=	
							AD	TOTAL DIT. FEE		OR A	TOTAL DDIT. FEE	
		(Column 1)		(Column		(Column 3)						
CINICINDINICINI C		CLAIMS . REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOUS PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
2 [	Fotal	*	Minus	**		=	$\rightarrow$	(\$ 9=		OR	X\$18=	
֡֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	ndependent	*	Minus	<b>非米米</b>		=		<43=		.  -	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR -		
•								145=		OR	+290=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT, FEE										TOTAL DDIT. FEE		
**      -	he "Highest Num e "Highest Numb	nber Previously Paid oer Previously Paid I	For" IN THIS For" (Total or	SPACE is le Independent)	ss than is the h	3, enter "3." ighest number f			ropriate box			